

UST CLEANUP FUND CLAIM APPLICATION

Filing Your Application

When you file your application to the Fund, staff's first action is to determine whether it meets specific requirements governed by law. The information you provide establishes the working basis from which the Fund determines your eligibility and your priority relative to others seeking reimbursement for corrective action costs.

You can help the review process by making certain your application contains accurate and complete information. By doing so, you will be taking the first step toward ensuring that the Fund can approve your application and begin the reimbursement process in an expedited manner. Common mistakes that delay application approval and slow the review process include:

- ✓ Failure to include documents needed to make an appropriate decision of eligibility.
- ✓ The submission of inconsistent information.
- ✓ Failure to meet general application requirements.

You should read and understand the instructions in this booklet before you attempt to complete your claim application. If you need additional advice as you fill out the application, Fund staff are available at (800) 813-FUND.

Your application must be typed or clearly printed. Attach additional pages as necessary. You should keep a copy of all forms and supporting documentation you submit for your records. Claim applications may not be submitted by facsimile or through other electronic means. You may hand-deliver your completed application to:

State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund Program
1001 I Street, 17th Floor
Sacramento, CA 95814

or mail it to:

State Water Resources Control Board
Division of Clean Water Programs
UST Cleanup Fund Program
P. O. Box 944212
Sacramento, CA 94244-2120

The information contained in the following instructions is provided for guidance in filing applications and is not a complete statement of the law. Statutory information is contained in the California Code of Regulations (Petroleum Underground Storage Tank Cleanup Fund), Title 23, Division 3, Chapter 18, Article 3.

Application Instructions

Instructions for completing the UST Cleanup Fund claim application are contained in the following pages. Each application section is illustrated and the instructions for that section follow.

Claimant Identification *Refer to Page 1, Section 1)*

This section must be completed to identify the claimant of the application to the Fund.

CLAIMANT IDENTIFICATION		
THIS CLAIM IS BEING FILED BY:	<input type="checkbox"/> UST OWNER	<input type="checkbox"/> UST OPERATOR <input type="checkbox"/> UST OWNER & OPERATOR
CLAIMANT NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE NO.	FAX NO.
CLAIMANT STATUS (CHECK ONE):	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER
TAX IDENTIFICATION NO.		

Check the appropriate box to indicate if the claimant is the owner, operator, or both, of the petroleum UST(s) which is the subject of the claim. List the claimant's name, mailing address, telephone number where the claimant can be contacted during normal business hours, and a fax number, if available. If this claim is being filed jointly, the name in this section will be considered the primary claimant and will receive all correspondence.

List the name of a contact person who can answer any questions regarding the claim or the site. Check the appropriate box to indicate the status of the claimant. If the claimant is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the claimant is a corporation, partnership, estate or trust, enter its Federal Employer Identification Number (FEIN) in this section. All payments from the Fund will be reported to the IRS and the Franchise Tax Board.

Joint Claimant *(Refer to Page 1, Section 2)*

Complete this section only if this claim is being filed jointly by more than one UST owner or operator.

JOINT CLAIMANT			
JOINT CLAIMANT NAME			
MAILING ADDRESS		TELEPHONE NO.	
CITY		STATE	ZIP CODE
JOINT CLAIMANT IS <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION NO.	
JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER			
JOINT CLAIMANT NAME			
MAILING ADDRESS		TELEPHONE NO.	
CITY		STATE	ZIP CODE
JOINT CLAIMANT IS <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION NO.	
JOINT CLAIMANT STATUS (CHECK ONE): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER			

Joint claimants are subject to the same eligibility requirements as primary claimants. When joint claims are submitted, the priority class for the claim is based on the lowest priority appropriate for any claimant.

Joint claims must be signed by all claimants. All commitments and checks for reimbursement will be issued in the names of both the primary claimant and the joint claimants.

List the joint claimant(s) name, mailing address, and telephone number where the joint claimant can be contacted during normal business hours. Check the appropriate box to indicate if the joint claimant is the UST owner or operator. If the joint claimant is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the joint claimant is a corporation, partnership, estate or trust, enter its FEIN in this section.

Co-Payee *(Refer to page 1, Section 3)*

UST owners and operators can designate a representative who has advanced funds for cleanup as a co-payee. Representatives are usually insurance companies and lending institutions. A copy of the financial agreement between the co-payee and the primary claimant must be submitted with the application. All payments will be issued jointly to the claimant and the co-payee.

CO-PAYEE	
CO-PAYEE NAME	
BUSINESS NAME (IF APPLICABLE)	TAX IDENTIFICATION NO.
MAILING ADDRESS	TELEPHONE NO.
CITY	STATE ZIP CODE

List the name of the co-payee, their business name and mailing address, and a telephone number where the co-payee can be contacted during normal business hours. If the co-payee is an individual or sole proprietor, enter his or her social security number under Tax Identification No. If the co-payee is a corporation, partnership, estate or trust, enter the FEIN in this section.

Estimate of Costs *(Refer to page 1, Section 4)*

Only reasonable and necessary corrective action costs will be reimbursed by the Fund. Refer to the Fund's Cost Guidelines and the UST Cleanup Fund Regulations for a list of non-reimbursable costs.

ESTIMATE OF COSTS	
A. ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK:	\$ _____
B. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK:	\$ _____
C. ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK:	\$ _____
D. THIRD PARTY COMPENSATION COSTS:	\$ _____
E. TOTAL:	\$ _____

List the eligible corrective action costs incurred for work performed prior to the date of the submittal of the claim application. Supporting documentation such as invoices, contracts, bids and canceled checks, should not be sent with the application. List the estimated eligible costs that will be necessary to complete the corrective action work currently underway. List the estimated future costs to complete the corrective action. These costs should be based on the best available estimates. If applicable, list any Third Party Compensation costs being claims. Then enter the total of all eligible estimated costs.

Contaminated Site Description *(Refer to page 2, Section 1)*

This section is used to identify the site where the unauthorized release from a petroleum UST that is the subject of the claim occurred. The claimant must provide information on all UST's that are/were on the contaminated site.

CONTAMINATED SITE DESCRIPTION			
SITE NAME _____			
SITE ADDRESS _____			
CITY _____	STATE _____	ZIP _____	COUNTY _____ COUNTY CODE _____
SITE TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FARM <input type="checkbox"/> OTHER _____			
DESCRIPTION OF UST USE <input type="checkbox"/> RESIDENTIAL MOTOR FUEL <input type="checkbox"/> RESIDENTIAL HEATING OIL <input type="checkbox"/> COMMERCIAL HEATING OIL <input type="checkbox"/> AGRICULTURAL MOTOR FUEL <input type="checkbox"/> RETAIL SALE <input type="checkbox"/> OTHER _____			
DATE RELEASE DISCOVERED _____	DATE REGULATORY AGENCY CONFIRMED RELEASE AND ISSUED CLEANUP DIRECTIVES _____		DATE CORRECTIVE ACTION WAS INITIATED _____
HAS CORRECTIVE ACTION BEEN COMPLETED? <input type="checkbox"/> NO <input type="checkbox"/> YES DATE COMPLETED _____		DID RELEASE REQUIRE AN EMERGENCY RESPONSE? <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN BELOW)	

List the name of the site, or a description such as "vacant lot" or "residence". List the site address, city, and county. The county code can be found in Section VI of this booklet. Check the appropriate box to identify the site type and the description of the use of the UST that is the subject of the claim. Check more than one if the site is used for more than one purpose, such as farm and residential. If there have been changes in the use of this property since 1985, please describe these changes in the section provided for the narrative or attach an explanation to your application.

List the date on which the unauthorized release was discovered and the date that the regulatory agency confirmed the release by issuing cleanup directives. List the date that corrective action was initiated. This does not include the detection, confirmation or reporting of the unauthorized release, or the repair, upgrade, replacement or removal of the UST or its associated equipment. If corrective action has been completed, list the date of completion. If the release required an emergency response, give an explanation in the narrative section or attach an explanation to your application.

LIST ALL USTS AT SUBJECT SITE				
	CAPACITY	SUBSTANCE STORED	DATE UST REMOVED	UST REPLACED?
UST 1	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 2	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 3	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
UST 4	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

List each UST identifying its capacity, in gallons, and the substance stored. If the UST has been removed, give the date of removal, and check the appropriate box indicating if the UST has been replaced.

<p>PROVIDE A BRIEF DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE, FROM DISCOVERY OF RELEASE TO PRESENT.</p>
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Provide a brief but thorough description, in chronological order, of all activities that have taken place on the site relating to the unauthorized release, from the discovery of the release to the present. Include a description of any corrective action underway or completed. Use additional pages as necessary and attach to your application.

Site Map *(Refer to page 3, Section 1)*

A site map drawn to scale must be attached to the claim application. The map must include a north arrow and distances relative to the nearest public roads.

<p>SITE MAP</p>
<p>ATTACH A SITE MAP DRAWN TO SCALE, WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.</p>

Regulatory Agency *(Refer to page 3, Section 2)*

A regulatory agency has the authority to regulate underground storage tanks, and is responsible for overseeing the cleanup of contaminated soil and groundwater. Regional water quality control boards and city or county

agencies are regulatory agencies. Listing of regional boards and city and county agencies can be found in Section VI of this booklet.

REGULATORY AGENCY	
LOCAL UST PERMITTING AGENCY	
REGIONAL WATER QUALITY CONTROL BOARD (RWQCB)	REGION CODE #:
LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP <input type="checkbox"/> (1) RWQCB <input type="checkbox"/> (2) LOCAL AGENCY <input type="checkbox"/> (3) JOINT	
LEAD AGENCY CONTACT PERSON	TELEPHONE NO.

List the name of the local UST permitting agency and the regional water quality control board with jurisdiction over the site that is the subject of the claim. List the Region Code referring to Section VI for the number. Check the appropriate box to indicate the agency providing the oversight of the cleanup, and list the name of the contact person at the agency and their telephone number.

Site History *(Refer to page 3, Section 3)*

The site history section is to be completed to the best of the claimant's knowledge identifying all past and current property owners, UST owners and operators.

SITE HISTORY	
IF THE CLAIMANT (UST OWNER/UST OPERATOR) IS ALSO THE PROPERTY OWNER, LIST THE DATE THE SITE WAS ACQUIRED _____ MONTH _____ DAY _____ YEAR	
IF SITE WAS ACQUIRED AFTER 1/1/84, IDENTIFY PERSON(S) FROM WHOM THE SITE WAS ACQUIRED. NAME _____ ADDRESS _____ _____ TELEPHONE NO. _____	
IF SITE HAS BEEN SOLD, LIST PARTY(IES) TO WHOM IT WAS SOLD AND THE DATE SOLD: _____ MONTH _____ DAY _____ NAME _____ ADDRESS _____ _____ TELEPHONE NO. _____	
IF CLAIMANT IS FILING AS UST OPERATOR ONLY, LIST DATES OF OPERATION: FROM: _____ TO: _____	

If the claimant, identified on Page 1 of the claim application, is filing as the UST owner or operator AND the owner of the property which is the subject of the claim, list the date the site was acquired. If the site was acquired after January 1, 1984, list the person(s) from whom the property was acquired and, if the site has been sold, list the person(s) to whom it was sold and the date it was sold. If the claimant, as identified on Page 1 of the claim application is filing ONLY AS THE UST OPERATOR, list the date the claimant began operations and the date operations ceased.

PROVIDE THE FOLLOWING HISTORY OF THE PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE. AT A MINIMUM, PROVIDE INFORMATION FROM THE DATE OF UNAUTHORIZED RELEASE DISCOVERY TO THE TIME OF THIS APPLICATION SUBMITTAL.

<u>TIME PERIOD</u>	<u>PROPERTY OWNER</u>	<u>UST OWNER</u>	<u>UST OPERATOR</u>
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____

Provide the name and address of all property owners, UST owners and operators of the site that is the subject of the claim. At a minimum, provide information from the date of discovery of the unauthorized release to the time the claim application is submitted.

Non-Recovery From Other Sources Disclosure *(Refer to page 4, Section 1)*

This section must be completed to enable the Fund to make a determination of any possible double payment. If there is, or has ever been an insurance policy covering this site, check the "Yes" box.

INSURANCE

A.	IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, LIST THE COMPANY NAME, ADDRESS, POLICY NUMBER, NAME AND TELEPHONE NUMBER OF THE CLAIM REPRESENTATIVE FOR EACH POLICY.			
COMPANY NAME _____		ADDRESS _____	
REPRESENTATIVE NAME _____		TELEPHONE NO. _____	POLICY NO. _____
COMPANY NAME _____		ADDRESS _____	
REPRESENTATIVE NAME _____		TELEPHONE NO. _____	POLICY NO. _____
B.	HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF THE LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.			

List the company name, address, policy number, and the name and telephone number of the claim representative for each policy. If you have filed, or intend to file, a claim with the insurance company, check the "Yes" box, and attach an explanation of the status of the claim and copies of the latest correspondence between the claimant and the insurance carrier regarding the claim.

LITIGATION

A.	HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY FROM ANY OTHER PARTY FOR THE UNAUTHORIZED RELEASE OR THE CONTAMINATED SITE?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, IDENTIFY THE PARTY(IES) BELOW LISTING NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE.			
NAME		ADDRESS	TELEPHONE
REPRESENTATIVE			
<hr/>			
<hr/>			
B.	HAS LEGAL ACTION COMMENCED	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED.			
ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT. CASE No. _____ COUNTY _____			

If you have sought, or intend to seek, money from any other party potentially responsible for the unauthorized release, check the "Yes" box and identify the parties. If any legal action has commenced, check the "Yes" box and provide the case number and county in which the action has been filed. Attach a copy of the complaint and any subsequent amendments.

OTHER SOURCE OF FUNDS

A.	HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED, OR DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE, FUNDS FROM ANY SOURCE (INCLUDING BUT NOT LIMITED TO INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS HOW THE FUNDS WERE CHARACTERIZED WHICH WERE RELATED TO OR PAID IN CONSIDERATION OF THE UNAUTHORIZED RELEASE SUBJECT TO THE CLAIM?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, ATTACH COPIES OF ALL SUCH DOCUMENTS AND LIST EACH SOURCE OF FUNDS AND AMOUNT:			
DATE	SOURCE	IN PAYMENT OF	AMOUNT
<hr/>			
<hr/>			
<hr/>			
B.	HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE CONTAMINATION BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION WHICH IS THE SUBJECT OF THIS CLAIM?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, SUBMIT DOCUMENTATION SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER DOCUMENT THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.			
C.	ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAYED.			

If the claimant has received, or expects to receive, funds from any source which were related to or paid in consideration of the unauthorized release, check the "Yes" box and list the source of each payment and the amount. If any money received, or to be received, was for purposes other than the costs of the cleanup, submit documentation (settlement agreement, pleading, judgments or any other documentation that identifies the purpose for which the money was received) in support of that fact. If the claimant is obligated to repay any part of the funds, check the "Yes" box and attach documentation indicating what is to be repaid.

NOTE: With your signature(s) on the last page of this Claim Application, authorization is hereby granted to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the above-named parties for the purpose of eligibility determination regarding this claim.

By placing your signature on the last page of the claim application, you are granting authorization to the UST Cleanup Fund, or its designated

representative, to contact and obtain any information deemed necessary from the insurance carrier identified in the claim application. This information will be used for the purposes of eligibility determination regarding the claim.

Priority Class Worksheet *(Refer to page 5, Section 1)*

The claimant is to complete the Priority Class Worksheet section for the appropriate priority that the claimant is requesting. A complete description of each priority class and its requirements is contained in the program information section of this booklet.

PRIORITY CLASS WORKSHEET				
PRIORITY CLASS OF CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
PRIORITY CLASS OF JOINT CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT _____				
PRIORITY CLASS OF JOINT CLAIMANT	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF JOINT CLAIMANT _____				
PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OR RELEASE	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OWNER _____				
PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
NAME OF UST OPERATOR _____				
PRIORITY CLASS BEING CLAIMED FOR THIS CLAIM APPLICATION	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

Check the box to indicate the priority class for which the claimant is eligible. List the names of any joint claimants, as identified on page one of the claim application, and the priority class for which each joint claimant is eligible.

List the name and indicate the appropriate priority class of the UST owner at the time of the discovery of the unauthorized release. List the name and indicate the appropriate priority class of the UST operator at the time of the discovery of the unauthorized release. List the name and indicate the appropriate priority class of the UST owner at the time of submitting the claim application. List the name and indicate the appropriate priority class of the UST operator at the time of submitting the claim application.

Once all of the information for the Priority Class Worksheet has been completed, a determination can be made as to the claimant's appropriate priority class.

The priority class is based on the lowest priority appropriate for any claimant including any joint claimants and for UST owners and operators at the time of discovery of the unauthorized release, and UST owners and operators at the time of application, unless the claimant can demonstrate that such treatment would be inconsistent with the priority scheme as mandated by H&SC Section 25299.52(b).

Priority Class A - Residential *(Refer to page 5, Section 2)*

If the claimant meets all requirements and is eligible to be placed in Priority Class A, this section is to be completed.

PRIORITY CLASS A - RESIDENTIAL	
CHECK THIS BOX IF THE UST CONTAINS HOME HEATING OIL AND MEETS ALL CRITERIA FOR PRIORITY CLASS A.	<input type="checkbox"/>
CHECK THIS BOX IF THE UST CONTAINS PETROLEUM AND MEETS ALL CRITERIA FOR PRIORITY CLASS A.	<input type="checkbox"/>

Check the first box if the UST that is the subject of the claim contains home heating oil and meets all of the following criteria:

- ✓ The UST was located at the claimant's residence at the time of discovery of the unauthorized release;
- ✓ The residence was an owner-occupied singled family dwelling or duplex at the time of the discovery of the unauthorized release;
- ✓ The UST has a capacity of 1,100 gallons or less, and stores home heating oil for consumptive use on the premises where stored;
- ✓ The UST is not located on property that was used for agricultural purposes on or after January 1, 1985;
- ✓ The UST is not a farm tank and has not been used on or after January 1, 1985 for agricultural purposes.
- ✓

Check the second box if the UST that is the subject of the the claim contains petroleum and meets all of the following criteria:

- ✓ The UST is located on property that was used exclusively for residential purposes at the time of discovery of the unauthorized release;
- ✓ The UST was located at the residence of the claimant at the time of the discovery of the unauthorized release;
- ✓ The residence was an owner-occupied single family dwelling or duplex at the time of the discovery of the unauthorized release;
- ✓ The UST is not a farm tank and has not been used on or after January 1, 1985 for agricultural purposes.

Priority Class B - Small Business *(Refer to page 5, Section 3)*

If the claimant meets all requirements and is eligible to be placed in Priority Class B as a small business, check the box and complete this section.

PRIORITY CLASS B - SMALL BUSINESS												
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS. COMPLETE THE FOLLOWING INFORMATION.												
BUSINESS NAME												
BUSINESS ADDRESS												
BUSINESS DESCRIPTION		DATES OF OPERATION FROM _____ TO _____										
TYPE OF BUSINESS <input type="checkbox"/> SERVICE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> NON-MANUFACTURER		INDUSTRY GROUP/LICENSE TYPE	MAX. RECEIPT AMT.									
TYPE OF OWNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____												
IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO									
IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION?		<input type="checkbox"/> YES	<input type="checkbox"/> NO									
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">AFFILIATED COMPANIES NAME</th> <th style="text-align: left; border-bottom: 1px solid black;">LOCATION</th> <th style="text-align: left; border-bottom: 1px solid black;">RELATIONSHIP</th> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>				AFFILIATED COMPANIES NAME	LOCATION	RELATIONSHIP						
AFFILIATED COMPANIES NAME	LOCATION	RELATIONSHIP										

List the claimant's business name and address. Give a description of the business, such as a "gas station" or "real estate". List the date when business operations began and, if no longer in operation, list the date the business ceased operations. Check the appropriate box to indicate the category for this type of business.

Using Section V, Gross Revenue Chart, specify the industry group license type for the claimant's business and maximum receipt amount for that business. Check the appropriate box to indicate the claimant's type of ownership, and check the appropriate box in response to the two questions concerning the business. List the name, location and relationship of all

affiliated companies or other income producing units such as a parent company, subsidiary, franchise, or branch.

NOTE: Only one industry from the Gross Revenue Chart can be used. For example, the owner or operator of a service station would identify the type of business as non-manufacturer, Industry Group xxxv (Petroleum Products), with a maximum receipts amount for 3 years of \$21,000,000. Another example would be where the claimant is the owner of a UST located on property which has been leased or rented or otherwise held for profit, and where the owner or operator has not operated any business at the site on or after the date of the release, the type of business would be identified as Service, Industry Group ix (1) (Real Estate Operators), with a maximum receipts amount for 3 years of \$3,000,000.

Priority Class B - Local Governments & Nonprofit Organizations *(Refer to page 6, Section 1)*

This section is to be completed if the claimant meets all requirements to be placed in Priority Class B as a local governmental entity or a nonprofit organization.

PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS			
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION.			
CLAIMANT STATUS	<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL DISTRICT <input type="checkbox"/> NONPROFIT	TOTAL ANNUAL REVENUES \$ _____	FISCAL YEAR ENDING _____

Check the appropriate box to indicate the claimant's type of entity. List total annual revenues and identify the last fiscal year for which annual revenues were calculated.

Priority Class C - Other Business *(Refer to page 6, Section 2)*

If the claimant meets all requirements and is eligible to be placed in Priority Class C, check the box and complete this section.

PRIORITY CLASS C - OTHER BUSINESS			
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION..			
BUSINESS NAME		TOTAL NO. OF EMPLOYEES _____	
BUSINESS ADDRESS			
BUSINESS DESCRIPTION		DATES OF OPERATION FROM _____ TO _____	
TYPE OF OWNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> OTHER - PLEASE SPECIFY: _____			
IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

List the claimant's business name and address, and enter the total number of full time and part time employees. Give a description of the business such as a "gas station" or "real estate". List the date when business operations began and, if no longer in operation, list the date the business ceased operations. Check the appropriate box to indicate the category for this type of business. Check the appropriate box to indicate the claimant's type of ownership, and check the appropriate box in response to the two questions concerning the business.

Priority Class C - Local Governments & Nonprofit Organizations *(Refer to page 6, Section 3)*

This section is to be completed if the claimant meets all requirements to be placed in Priority Class C as a local governmental entity or a nonprofit organization.

PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS	
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION.	
CLAIMANT STATUS <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL DISTRICT <input type="checkbox"/> NONPROFIT	TOTAL NO. OF EMPLOYEES _____

Check the appropriate box indicating the claimant's type of entity. List the total number of employees, both full and part time.

Priority Class D All Other UST Owners & Operators *(Refer to page 6, Section 4)*

This section is to be completed if the claimant does not meet any of the requirements for the other priority classes. No further priority class information is needed for application to this class.

PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS
<input type="checkbox"/> CHECK THIS BOX IF CLAIMING PRIORITY CLASS D - ALL OTHER UST OWNERS AND UST OPERATORS. NO FURTHER INFORMATION IS REQUIRED FOR THIS PRIORITY CLASS.

Financial Responsibility *(Refer to page 6, Section 5)*

All claimants must be in compliance with applicable financial responsibility requirements to undertake corrective action and compensate third parties for bodily injury and property damage. Refer to the Fund's Financial Responsibility Guidelines for a complete description of financial responsibility requirements.

FINANCIAL RESPONSIBILITY				
<input type="checkbox"/> CHECK THIS BOX IF EXEMPT FROM FINANCIAL RESPONSIBILITY.				
BASIS FOR EXEMPTION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%;"></div> <div style="width: 55%;"> <input type="checkbox"/> RESIDENTIAL UST WITH CAPACITY OF 1,100 GALLONS OR LESS, STORING MOTOR FUEL NOT FOR RESALE <input type="checkbox"/> UST FOR STORING HEATING OIL USED ON-SITE <input type="checkbox"/> ALL USTS OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE (BELOW) AND NOT REPLACED <input type="checkbox"/> OTHER _____ </div> </div>				
<input type="checkbox"/> CHECK THIS BOX IF REQUIRED TO PROVIDE FINANCIAL RESPONSIBILITY AND ATTACH A COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY".				
COMPLIANCE DATE: <input type="checkbox"/> JANUARY 24, 1989 <input type="checkbox"/> OCTOBER 26, 1989 <input checked="" type="checkbox"/> APRIL 26, 1991 <input type="checkbox"/> DECEMBER 31, 1993 <input type="checkbox"/> FEBRUARY 18, 1994				
MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING STATE FUND, INDICATE MECHANISM FOR PROVIDING REQUIRED DEDUCTIBLE.				
(1) <input type="checkbox"/> TRUST FUND (6) <input type="checkbox"/> INSURANCE COVERAGE (11) <input type="checkbox"/> FUND BALANCE TEST (GOV'T AGENCY)	(2) <input type="checkbox"/> SURETY BOND (7) <input type="checkbox"/> RISK RETENTION GROUP WORKSHEET TEST (GOV'T AGENCY) (12) <input type="checkbox"/>	(3) <input type="checkbox"/> GUARANTEE (8) <input type="checkbox"/> STATE FUND (13) <input type="checkbox"/> GOVERNMENT GUARANTEE (GOV'T AGENCY)	(4) <input type="checkbox"/> SELF INSURANCE (9) <input type="checkbox"/> CHIEF FINANCIAL OFFICER LETTER (14) <input type="checkbox"/> OTHER _____	(5) <input type="checkbox"/> LETTER OF CREDIT (10) <input type="checkbox"/> BOND RATING TEST (GOV'T AGENCY)

Check the first box of this section only if the claimant is not subject to financial responsibility requirements and identify the basis for this exemption. Check the second box in this section if the claimant was required to maintain financial responsibility and indicate the date by which the claimant was subject to this requirement (refer to the Financial Responsibility Guide for further details). A copy of your Certificate of Financial Responsibility must be attached to the application. In the next area, indicate which mechanisms are being used to demonstrate financial responsibility. If the claimant is using the Fund, indicate which mechanism is being used to cover the required deductible.

Claimant Certification *(Refer to page 7, Section 1)*

It is extremely important that the claimant and all joint claimants carefully read and fully understand all statements and declarations contained in this section. If the claimant, or any joint claimant, knows that any statement or declaration in this section is untrue, the claimant may be disqualified from the Fund.

CLAIMANT CERTIFICATION

CLAIMANT(S) HEREBY CERTIFY THAT:

1. CLAIMANT(S) IS (ARE) THE OWNER OR OPERATOR OF AN UNDERGROUND STORAGE TANK FROM WHICH THERE HAS BEEN A N UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM WITH THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC). CLAIMANT(S) IS (ARE) ENTITLED TO SUBMIT THIS CLAIM APPLICATION FOR REIMBURSEMENT FROM THE FUND.
2. ALL COSTS CLAIMED HEREIN WERE INCURRED AFTER JANUARY 1, 1988, ARE REASONABLE AND NECESSARY, AND ARE ELIGIBLE FOR REIMBURSEMENT.
3. CLAIMANT(S) OBTAINED ANY PERMITS REQUIRED UNDER CHAPTER 6.7 OF THE H&SC OR FILED SUBSTANTIALLY COMPLETE APPLICATIONS FOR ANY REQUIRED PERMITS ON OR BEFORE JANUARY 1, 1990, OR REQUESTED THE SWRCB TO WAIVE THIS REQUIREMENT AS A CONDITION OF ELIGIBILITY.
4. CLAIMANT(S) IS (ARE) IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. FOR COSTS CLAIMED WHICH WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT(S) WAS:
 - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND TITLE 42, CHAPTER 82, SUBCHAPTER IX OF THE U.S. CODE AND FEDERAL REGULATIONS ADOPTED PURSUANT THERETO; AND
 - (B) CONSISTENT WITH ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
6. FOR COSTS CLAIMED WHICH WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT(S):
 - (A) IS (ARE) IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.75, ARTICLE 4 OF THE H&SC AND IMPLEMENTING REGULATIONS;
 - (B) HAS (HAVE) NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD OF THE RELEASE THAT IS THE SUBJECT OF THIS CLAIM AND HAS (HAVE) BEEN REQUIRED BY SUCH AGENCY TO PERFORM THE CORRECTIVE ACTION FOR WHICH REIMBURSEMENT IS SOUGHT;
 - (C) IS (ARE) PERMITTED OR REQUIRED TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
7. IF CLAIMANT(S) WAS (WERE) AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT(S) INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
8. CLAIMANT(S) DOES (DO) NOT KNOW OF ANY FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
9. CLAIMANT(S) FULLY UNDERSTAND(S) THAT THE SWRCB, AT ITS OPTION, MAY REQUIRE THE TRANSFER AND ASSIGNMENT TO THE STATE OF CALIFORNIA OF ANY AND ALL RIGHTS WHICH THE CLAIMANT(S) MAY HAVE TO RECOVER CORRECTIVE ACTION COSTS FROM ANY PERSON(S) RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
10. CLAIMANT(S) UNDERSTAND(S) THAT ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION WILL BE RETAINED FRO A PERIOD OF AT LEAST THREE YEARS FROM THE DATE OF FINAL PAYMENT FROM THE FUND. THIS THREE YEAR PERIOD WILL BE EXTENDED UNTIL COMPLETION OF ANY AUDIT IN PROGRESS. ALL SUCH RECORDS WILL BE MADE AVAILABLE TO THE SWRCB OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
11. CLAIMANT(S) UNDERSTAND(S) THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE SWRCB OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE STATE FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

Claimant Verification & Signature (Refer to page 7, Section 2)

All claimants, including any joint claimants, must sign and date the claim application. Use additional copies of the signature page if necessary.

CLAIMANT VERIFICATION AND SIGNATURE

As the undersigned claimant(s) to the UST Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this claim application are true and correct to the best of my (our) knowledge and belief.

EXECUTED AT _____

ON THIS _____ DAY OF _____ 19 _____

CLAIMANT SIGNATURE _____

CLAIMANT PRINTED NAME _____

JOINT CLAIMANT SIGNATURE _____

JOINT CLAIMANT PRINTED NAME _____

If the claimant has authorized a representative to submit documents and sign on the claimant's behalf, the claimant must submit a completed "Authorized Representative Designation Form" with the claim application. This form is contained in Section III of this package.

All signatures must be original; no reproduced or copied signatures will be accepted on the application.

UNDERGROUND STORAGE TANK CLEANUP FUND
CLAIM APPLICATION

Claim No.:
Date Received:
Priority:
Region:
Deductible:

This application provides required information for placement on the UST Cleanup Fund Priority List. Complete and submit this application with all required documentation to the address above. Refer to the claim application instructions contained in this booklet for assistance in completing this form.

CLAIMANT IDENTIFICATION		
THIS CLAIM IS BEING FILED BY: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR <input type="checkbox"/> UST OWNER & OPERATOR		
CLAIMANT NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
CONTACT PERSON	TELEPHONE No.	FAX No.
CLAIMANT STATUS (Check one): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
TAX IDENTIFICATION No.:		
JOINT CLAIMANT		
JOINT CLAIMANT NAME		
MAILING ADDRESS		TELEPHONE No.:
CITY	STATE	ZIP CODE
JOINT CLAIMANT IS: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION No.:
JOINT CLAIMANT STATUS (Check one): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
JOINT CLAIMANT NAME		
MAILING ADDRESS		TELEPHONE No.:
CITY	STATE	ZIP CODE
JOINT CLAIMANT IS: <input type="checkbox"/> UST OWNER <input type="checkbox"/> UST OPERATOR		TAX IDENTIFICATION No.:
JOINT CLAIMANT STATUS (Check one): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> ESTATE/TRUST <input type="checkbox"/> OTHER		
CO-PAYEE		
Co-PAYEE NAME		
BUSINESS NAME (IF APPLICABLE)		TAX IDENTIFICATION No.:
MAILING ADDRESS		TELEPHONE No.:
CITY	STATE	ZIP CODE

ESTIMATE OF COSTS	
A. ELIGIBLE CORRECTIVE ACTION COSTS INCURRED TO DATE FOR COMPLETED WORK:	\$ _____
B. ESTIMATED ELIGIBLE CORRECTIVE ACTION COSTS TO COMPLETE CURRENT WORK:	\$ _____
C. ESTIMATED ELIGIBLE COSTS TO COMPLETE CORRECTIVE ACTION WORK:	\$ _____
D. THIRD PARTY COMPENSATION COSTS:	\$ _____
E. TOTAL:	\$ _____

CONTAMINATED SITE DESCRIPTION

SITE NAME _____

SITE ADDRESS _____

CITY _____	STATE _____	ZIP CODE _____	COUNTY _____	COUNTY CODE _____
------------	-------------	----------------	--------------	-------------------

SITE TYPE ☐ RESIDENTIAL ☐ COMMERCIAL ☐ FARM ☐ OTHER: _____DESCRIPTION OF UST USE ☐ RESIDENTIAL MOTOR FUEL ☐ RESIDENTIAL HEATING OIL ☐ COMMERCIAL HEATING OIL
☐ AGRICULTURAL MOTOR FUEL ☐ RETAIL SALE ☐ OTHER: _____

DATE RELEASE DISCOVERED: _____

DATE REGULATORY AGENCY CONFIRMED RELEASE
AND ISSUED CLEANUP DIRECTIVES: _____

DATE CORRECTIVE ACTION WAS INITIATED: _____

HAS CORRECTIVE ACTION BEEN COMPLETED?

☐ No ☐ YES DATE COMPLETED: _____

DID RELEASE REQUIRE AN EMERGENCY RESPONSE?

☐ No ☐ YES (EXPLAIN BELOW)

LIST ALL USTs AT SUBJECT SITE

	CAPACITY	SUBSTANCE STORED	DATE UST REMOVED	UST REPLACED?	
UST 1	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> No
UST 2	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> No
UST 3	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> No
UST 4	_____	_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> No

PROVIDE A BRIEF DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE, FROM DISCOVERY OF RELEASE TO PRESENT:

SITE MAP

ATTACH A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS

REGULATORY AGENCY

LOCAL UST PERMITTING AGENCY

REGIONAL WATER QUALITY CONTROL BOARD (RWQCB)

LEAD AGENCY PROVIDING OVERSIGHT OF CLEANUP

☐

(1) RWQCB

☐

(2) LOCAL AGENCY

☐

(3) JOINT

LEAD AGENCY CONTACT PERSON

TELEPHONE NO.

SITE HISTORY

IF THE CLAIMANT (UST OWNER/UST OPERATOR) IS ALSO THE PROPERTY OWNER, LIST THE DATE THE SITE WAS ACQUIRED:

MONTH _____ DAY _____ YEAR _____

IF SITE WAS ACQUIRED AFTER 1/1/84, IDENTIFY PERSON(S) FROM WHOM THE SITE WAS ACQUIRED:

NAME _____

ADDRESS _____

TELEPHONE NO. _____

IF SITE HAS BEEN SOLD, LIST PARTY(IES) TO WHOM IT WAS SOLD AND THE DATE SOLD:

MONTH _____ DAY _____ YEAR _____

NAME _____

ADDRESS _____

TELEPHONE NO. _____

IF CLAIMANT IS FILING AS UST OPERATOR ONLY, LIST DATES OF OPERATION:

FROM: _____ TO: _____

PROVIDE THE FOLLOWING HISTORY OF THE PROPERTY OWNERS, UST OWNERS, AND UST OPERATORS OF THIS SITE. AT A MINIMUM, PROVIDE INFORMATION FROM THE DATE OF UNAUTHORIZED RELEASE DISCOVERY TO THE TIME OF THIS APPLICATION SUBMITTAL:

<u>TIME PERIOD</u>	<u>PROPERTY OWNER</u>	<u>UST OWNER</u>	<u>UST OPERATOR</u>
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____
FROM: _____	NAME _____	NAME _____	NAME _____
TO: _____	ADDRESS _____	ADDRESS _____	ADDRESS _____

NON-RECOVERY FROM OTHER SOURCES DISCLOSURE**INSURANCE**

A. IS THERE, OR HAS THERE EVER BEEN, AN INSURANCE POLICY COVERING THIS SITE? NO ☐ YES ☐

IF YES, LIST THE COMPANY NAME, ADDRESS, POLICY NUMBER, NAME AND TELEPHONE NUMBER OF THE CLAIM REPRESENTATIVE FOR EACH POLICY:

COMPANY NAME	ADDRESS
REPRESENTATIVE NAME	TELEPHONE No. POLICY No.
COMPANY NAME	ADDRESS
REPRESENTATIVE NAME	TELEPHONE No. POLICY No.

B. HAVE YOU FILED, OR DO YOU INTEND TO FILE, A CLAIM WITH THE INSURANCE CARRIER(S)? NO ☐ YES ☐

IF YES, ATTACH AN EXPLANATION OF THE STATUS OF THE CLAIM AND COPIES OF THE LATEST CORRESPONDENCE WITH THE INSURANCE COMPANY.

LITIGATION

A. HAVE YOU SOUGHT, OR DO YOU INTEND TO SEEK, MONEY FROM ANY OTHER PARTY POTENTIALLY RESPONSIBLE FOR THE UNAUTHORIZED RELEASE? NO ☐ YES ☐

IF YES, IDENTIFY THE PARTY(IES) BELOW LISTING NAME, ADDRESS, TELEPHONE NUMBER, AND REPRESENTATIVE

NAME	ADDRESS	TELEPHONE	REPRESENTATIVE

B. HAS LEGAL ACTION COMMENCED? NO ☐ YES ☐

IF YES, PROVIDE THE CASE NUMBER AND COUNTY IN WHICH THE ACTION HAS BEEN FILED. ATTACH A COPY OF THE COMPLAINT AND ANY AMENDMENTS TO THE COMPLAINT.

CASE No. _____ COUNTY _____

OTHER SOURCE OF FUNDS

A. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED, OR DO YOU OR ANYONE ACTING ON YOUR BEHALF EXPECT TO RECEIVE, FUNDS FROM ANY SOURCE (INCLUDING BUT NOT LIMITED TO INSURANCE CLAIMS, LEGAL JUDGMENTS, AND CONTRIBUTIONS FROM OTHER POTENTIALLY RESPONSIBLE PARTIES, OR ANY OTHER SOURCE REGARDLESS HOW THE FUNDS WERE CHARACTERIZED WHICH WERE RELATED TO OR PAID IN CONSIDERATION OF THE UNAUTHORIZED RELEASE SUBJECT OF THE CLAIM? IF YES, ATTACH COPIES OF ALL SUCH DOCUMENTS. NO ☐ YES ☐

IF YES, LIST EACH SOURCE OF FUNDS AND THE AMOUNT:

DATE	SOURCE	IN PAYMENT OF	AMOUNT

B. HAVE YOU OR ANYONE ACTING ON YOUR BEHALF RECEIVED FUNDS RELATED TO THE CONTAMINATION BUT NOT DIRECTLY FOR THE CLEANUP OF THE CONTAMINATION WHICH IS THE SUBJECT OF THIS CLAIM? NO ☐ YES ☐

IF YES, SUBMIT DOCUMENTATION SUCH AS A SETTLEMENT AGREEMENT OR PLEADING, JUDGMENTS, OR ANY OTHER DOCUMENT THAT IDENTIFIES THE PURPOSE(S) FOR WHICH THE MONEY WAS RECEIVED.

C. ARE YOU OBLIGATED TO REPAY ANY PART OF THE FUNDS RECEIVED? NO ☐ YES ☐

IF YES, ATTACH DOCUMENTATION INDICATING WHAT IS TO BE REPAYED.

NOTE: With your signature(s) on the last page of this Claim Application, authorization is hereby granted to the UST Cleanup Fund, or its designated representative, to contact and obtain any information deemed necessary from the above-named parties for the purpose of eligibility determination regarding this claim.

PRIORITY CLASS WORKSHEET

PRIORITY CLASS OF CLAIMANT:

☐ A☐ B☐ C☐ D

PRIORITY CLASS OF JOINT CLAIMANT:

☐ A☐ B☐ C☐ D

NAME OF JOINT CLAIMANT: _____

PRIORITY CLASS OF JOINT CLAIMANT:

☐ A☐ B☐ C☐ D

NAME OF JOINT CLAIMANT: _____

PRIORITY CLASS OF UST OWNER AT TIME OF DISCOVERY OF RELEASE

☐ A☐ B☐ C☐ D

NAME OF UST OWNER: _____

PRIORITY CLASS OF UST OPERATOR AT TIME OF DISCOVERY OF RELEASE

☐ A☐ B☐ C☐ D

NAME OF UST OPERATOR: _____

PRIORITY CLASS OF UST OWNER AT TIME OF APPLICATION SUBMITTAL:

☐ A☐ B☐ C☐ D

NAME OF UST OWNER: _____

PRIORITY CLASS OF UST OPERATOR AT TIME OF APPLICATION SUBMITTAL:

☐ A☐ B☐ C☐ D

NAME OF UST OPERATOR: _____

PRIORITY CLASS BEING CLAIMED FOR THIS CLAIM APPLICATION

☐ A☐ B☐ C☐ D**PRIORITY CLASS A - RESIDENTIAL**CHECK THIS BOX IF THE UST CONTAINS HOME HEATING OIL
AND MEETS ALL CRITERIA FOR PRIORITY CLASS A:☐CHECK THIS BOX IF THE UST CONTAINS PETROLEUM
AND MEETS ALL CRITERIA FOR PRIORITY CLASS A:☐**PRIORITY CLASS B - SMALL BUSINESS**☐

CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - SMALL BUSINESS. COMPLETE THE FOLLOWING INFORMATION:

BUSINESS NAME

BUSINESS ADDRESS

BUSINESS DESCRIPTION

DATES OF OPERATION:

FROM _____ TO _____

TYPE OF BUSINESS

☐ SERVICE☐ CONSTRUCTION☐ MANUFACTURER☐ NON-MANUFACTURER

INDUSTRY GROUP/LICENSE TYPE

MAX. RECEIPT AMT.
\$ _____

TYPE OF OWNERSHIP

☐ SOLE OWNER☐ PARTNERSHIP☐ CORPORATION☐ TRUST/ESTATE☐ OTHER - PLEASE SPECIFY: _____

IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED?

☐ YES☐ NO

IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION?

☐ YES☐ NO

AFFILIATED COMPANIES

NAMELOCATIONRELATIONSHIP

PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS B - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION:

CLAIMANT STATUS ☐ CITY ☐ COUNTY ☐ LOCAL DISTRICT ☐ NONPROFIT TOTAL ANNUAL REVENUES \$ _____ FISCAL YEAR ENDING _____

PRIORITY CLASS C - OTHER BUSINESS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - OTHER BUSINESS. COMPLETE THE FOLLOWING INFORMATION:

BUSINESS NAME TOTAL NO. OF EMPLOYEES: _____

BUSINESS ADDRESS

BUSINESS DESCRIPTION DATES OF OPERATION: FROM _____ TO _____

TYPE OF OWNERSHIP ☐ SOLE OWNER ☐ PARTNERSHIP ☐ CORPORATION ☐ TRUST/ESTATE ☐ OTHER - PLEASE SPECIFY: _____

IS THIS BUSINESS INDEPENDENTLY OWNED AND OPERATED? ☐ YES ☐ NO

IS THIS BUSINESS DOMINANT STATEWIDE IN ITS FIELD OF OPERATION? ☐ YES ☐ NO

PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITIES & NONPROFIT ORGANIZATIONS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS C - LOCAL GOVERNMENTAL ENTITY OR NONPROFIT ORGANIZATION. COMPLETE THE FOLLOWING INFORMATION:

CLAIMANT STATUS ☐ CITY ☐ COUNTY ☐ LOCAL DISTRICT ☐ NONPROFIT TOTAL NO. OF EMPLOYEES: _____

PRIORITY CLASS D - ALL OTHER UST OWNERS AND OPERATORS

☐ CHECK THIS BOX IF CLAIMING PRIORITY CLASS D - ALL OTHER UST OWNERS AND UST OPERATORS. NO FURTHER INFORMATION IS REQUIRED FOR THIS PRIORITY CLASS.

FINANCIAL RESPONSIBILITY

☐ CHECK THIS BOX IF **EXEMPT** FROM FINANCIAL RESPONSIBILITY.

BASIS FOR EXEMPTION: ☐ RESIDENTIAL UST WITH CAPACITY OF 1,100 GALLONS OR LESS, STORING MOTOR FUEL NOT FOR RESALE
☐ UST FOR STORING HEATING OIL USED ON-SITE
☐ ALL USTs OWNED OR OPERATED WERE REMOVED PRIOR TO COMPLIANCE DATE (BELOW) AND NOT REPLACED
☐ OTHER: _____

☐ CHECK THIS BOX IF **REQUIRED** TO PROVIDE FINANCIAL RESPONSIBILITY AND ATTACH A COPY OF YOUR "CERTIFICATE OF FINANCIAL RESPONSIBILITY".

COMPLIANCE DATE: ☐ JANUARY 24, 1989 ☐ OCTOBER 26, 1989 ☐ APRIL 26, 1991 ☐ DECEMBER 31, 1993 ☐ FEBRUARY 18, 1994

MECHANISM(S) USED FOR DEMONSTRATION OF FINANCIAL RESPONSIBILITY. IF USING STATE FUND, INDICATE MECHANISM FOR PROVIDING REQUIRED DEDUCTIBLE.

- (1) ☐ TRUST FUND (2) ☐ SURETY BOND (3) ☐ GUARANTEE (4) ☐ SELF INSURANCE (5) ☐ LETTER OF CREDIT
(6) ☐ INSURANCE COVERAGE (7) ☐ RISK RETENTION GROUP (8) ☐ STATE FUND (9) ☐ CHIEF FINANCIAL OFFICER LETTER (10) ☐ BOND RATING TEST (GOV'T AGENCY)
(11) ☐ FUND BALANCE TEST (GOV'T AGENCY) (12) ☐ WORKSHEET TEST (GOV'T AGENCY) (13) ☐ GOVERNMENT GUARANTEE (GOV'T AGENCY) (14) ☐ OTHER: _____

CLAIMANT CERTIFICATION

CLAIMANT(S) HEREBY CERTIFY THAT:

1. CLAIMANT(S) IS (ARE) THE OWNER OR OPERATOR OF AN UNDERGROUND STORAGE TANK FROM WHICH THERE HAS BEEN AN UNAUTHORIZED RELEASE OF PETROLEUM FOR WHICH A CLAIM WITH THE FUND IS PERMISSIBLE UNDER CHAPTER 6.75 OF THE CALIFORNIA HEALTH AND SAFETY CODE (H&SC). CLAIMANT(S) IS (ARE) ENTITLED TO SUBMIT THIS CLAIM APPLICATION FOR REIMBURSEMENT FROM THE FUND.
2. ALL COSTS CLAIMED HEREIN WERE INCURRED AFTER JANUARY 1, 1988, ARE REASONABLE AND NECESSARY, AND ARE ELIGIBLE FOR REIMBURSEMENT.
3. CLAIMANT(S) OBTAINED ANY PERMITS REQUIRED UNDER CHAPTER 6.7 OF THE H&SC OR FILED SUBSTANTIALLY COMPLETE APPLICATIONS FOR ANY REQUIRED PERMITS ON OR BEFORE JANUARY 1, 1990, OR REQUESTED THE SWRCB TO WAIVE THIS REQUIREMENT AS A CONDITION OF ELIGIBILITY.
4. CLAIMANT(S) IS (ARE) IN COMPLIANCE WITH ANY APPLICABLE FINANCIAL RESPONSIBILITY REQUIREMENTS CONTAINED IN THE PETROLEUM UNDERGROUND STORAGE TANK CLEANUP FUND REGULATIONS (TITLE 23, DIVISION 3, CHAPTER 18, ARTICLE 3).
5. FOR COSTS CLAIMED WHICH WERE INCURRED BEFORE DECEMBER 2, 1991, THE CORRECTIVE ACTION TAKEN BY CLAIMANT(S) WAS:
 - (A) IN ACCORDANCE WITH APPLICABLE PROVISIONS OF CHAPTER 6.7 OF THE H&SC, AND TITLE 42, CHAPTER 82, SUBCHAPTER IX OF THE U.S. CODE AND FEDERAL REGULATIONS ADOPTED PURSUANT THERETO; AND
 - (B) CONSISTENT WITH ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY AND CONSISTENT WITH ANY APPLICABLE WASTE DISCHARGE REQUIREMENTS, AND STATE WATER QUALITY CONTROL POLICIES OR PLANS.
6. FOR COSTS CLAIMED WHICH WERE INCURRED AFTER DECEMBER 2, 1991, THE CLAIMANT(S):
 - (A) IS (ARE) IN COMPLIANCE WITH APPLICABLE CORRECTIVE ACTION REQUIREMENTS ESTABLISHED PURSUANT TO CHAPTER 6.75, ARTICLE 4 OF THE H&SC AND IMPLEMENTING REGULATIONS;
 - (B) HAS (HAVE) NOTIFIED THE APPROPRIATE LOCAL REGULATORY AGENCY OR THE CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD OF THE RELEASE THAT IS THE SUBJECT OF THIS CLAIM AND HAS (HAVE) BEEN REQUIRED BY SUCH AGENCY TO PERFORM THE CORRECTIVE ACTION FOR WHICH REIMBURSEMENT IS SOUGHT;
 - (C) IS (ARE) PERMITTED OR REQUIRED TO UNDERTAKE CORRECTIVE ACTION PURSUANT TO ORAL OR WRITTEN LOCAL OR REGULATORY AGENCY ORDER, DIRECTIVE, APPROVAL, OR NOTIFICATION OF CLEANUP RESPONSIBILITY.
7. IF CLAIMANT(S) WAS (WERE) AWARE OF THE UNAUTHORIZED RELEASE THAT IS THE SUBJECT OF THIS CLAIM PRIOR TO JANUARY 1, 1988, CLAIMANT(S) INITIATED CORRECTIVE ACTION ON OR BEFORE JUNE 30, 1988.
8. CLAIMANT(S) DOES (DO) NOT KNOW OF ANY FACTS WHICH WOULD PRECLUDE ANY PARTY FROM WHOM THE SITE WAS ACQUIRED FROM BEING ELIGIBLE TO FILE A CLAIM FOR REIMBURSEMENT FROM THE FUND.
9. CLAIMANT(S) FULLY UNDERSTAND(S) THAT THE SWRCB, AT ITS OPTION, MAY REQUIRE THE TRANSFER AND ASSIGNMENT TO THE STATE OF CALIFORNIA OF ANY AND ALL RIGHTS WHICH THE CLAIMANT(S) MAY HAVE TO RECOVER CORRECTIVE ACTION COSTS FROM ANY PERSON(S) RESPONSIBLE FOR THE UNAUTHORIZED RELEASE.
10. CLAIMANT(S) UNDERSTAND(S) THAT ALL RECORDS PERTAINING TO THIS CLAIM APPLICATION WILL BE RETAINED FOR A PERIOD OF AT LEAST THREE YEARS FROM THE DATE OF FINAL PAYMENT FROM THE FUND. THIS THREE YEAR PERIOD WILL BE EXTENDED UNTIL COMPLETION OF ANY AUDIT IN PROGRESS. ALL SUCH RECORDS WILL BE MADE AVAILABLE TO THE SWRCB OR ANY DESIGNATED REPRESENTATIVE THEREOF UPON REQUEST.
11. CLAIMANT(S) UNDERSTAND(S) THAT ALL REIMBURSEMENTS MADE PURSUANT TO THIS CLAIM APPLICATION ARE SUBJECT TO AUDIT BY THE SWRCB OR ANY REPRESENTATIVE THEREOF. CLAIMANT(S) WILL REIMBURSE THE STATE FOR ANY COSTS DISALLOWED PURSUANT TO SUCH AN AUDIT.

CLAIMANT VERIFICATION AND SIGNATURE

As the undersigned claimant(s) to the UST Cleanup Fund, I (we) hereby declare under penalty of perjury that all facts and statements set forth as part of this claim application are true and correct to the best of my (our) knowledge and belief.

EXECUTED AT: _____

ON THIS _____ DAY OF _____ 19 _____

CLAIMANT SIGNATURE _____

CLAIMANT PRINTED NAME _____

JOINT CLAIMANT SIGNATURE _____

JOINT CLAIMANT PRINTED NAME _____

APPLICATION CHECKLIST

Application Checklist

This checklist is to assist the claimant by ensuring that all required documentation is submitted with the claim application. Claimants should label each document with a reference to the Claim Application section.

CHECKLIST FOR REQUIRED DOCUMENTATION	
<input type="checkbox"/>	THIRD PARTY COSTS IF THIRD PARTY COMPENSATION COSTS ARE BEING CLAIMED, SUBMIT A COPY OF THE FINAL JUDGEMENT, COURT APPROVED SETTLEMENT, OR ARBITRATION AWARD. IF THE AWARD OR SETTLEMENT HAS BEEN PAID, PROVIDE PROOF OF PAYMENT.
<input type="checkbox"/>	SITE MAP SUBMIT A SITE MAP DRAWN TO SCALE WHICH INCLUDES A NORTH ARROW AND DISTANCES RELATIVE TO THE NEAREST PUBLIC ROADS.
<input type="checkbox"/>	UNAUTHORIZED RELEASE OF PETROLEUM SUBMIT DOCUMENTATION OF THE DISCOVERY, REPORTING, AND CONFIRMATION BY THE REGULATORY AGENCY OF THE UNAUTHORIZED RELEASE OF PETROLEUM THAT IS THE SUBJECT OF THE CLAIM APPLICATION.
<input type="checkbox"/>	CORRECTIVE ACTION INITIATION IF THE UNAUTHORIZED RELEASE WAS DISCOVERED PRIOR TO JANUARY 1, 1988, AND CORRECTIVE ACTION WAS INITIATED AFTER JUNE 30, 1988, THE CLAIMANT MUST SUBMIT DOCUMENTATION OF THE DATE OF WHEN CORRECTIVE ACTION WAS ORDERED.
<input type="checkbox"/>	REGULATORY AGENCY DIRECTIVE/CORRECTIVE ACTION COMPLIANCE SUBMIT COPIES OF ALL CORRECTIVE ACTION DIRECTIVES AND ORDERS ISSUED BY THE REGULATORY AGENCIES SHOWING THAT THE CLAIMANT IS/WAS BEING DIRECTED TO CLEAN UP CONTAMINATION AT THE SUBJECT SITE.
<input type="checkbox"/>	PERMIT TO OWN OR OPERATE SUBMIT COPIES OF THE PERMIT TO OWN OR OPERATE THE UST(S). IF THE CLAIMANT WAS NOT REQUIRED TO OBTAIN A PERMIT, PROVIDE DOCUMENTATION INDICATING A PERMIT WAS NOT REQUIRED.
<input type="checkbox"/>	PERMIT WAIVER REQUEST IF A PERMIT WAS REQUIRED AND THE CLAIMANT FAILED TO OBTAIN A PERMIT BY JANUARY 1, 1990, COMPLETE AND SUBMIT A PERMIT WAIVER REQUEST FORM.
<input type="checkbox"/>	PRIORITY CLASS A SUBMIT DOCUMENTATION SHOWING THAT THE PROPERTY ON WHICH THE UST WAS LOCATED WAS OWNER-OCCUPIED AT THE TIME OF THE DISCOVERY OF THE UNAUTHORIZED RELEASE (E.G., PROPERTY TAX BILL, UTILITY BILL).
<input type="checkbox"/>	PRIORITY CLASS B SUBMIT FEDERAL TAX RETURNS, AND SUPPORTING DOCUMENTATION TO SUPPORT THE REQUEST FOR PLACEMENT IN THIS CLASS. CITIES, COUNTIES AND DISTRICTS MUST SUBMIT A COPY OF THEIR ANNUAL REPORT OF FINANCIAL TRANSACTIONS AS SUBMITTED TO THE STATE CONTROLLER'S OFFICE FOR THE LATEST FISCAL YEAR. NONPROFIT ORGANIZATIONS MUST SUBMIT A COPY OF THEIR ANNUAL FISCAL REPORT FILED WITH THE REGISTRY OF CHARITABLE TRUST OR A COPY OF THEIR FEDERAL TAX RECORDS FOR THE LATEST FISCAL YEAR.
<input type="checkbox"/>	PRIORITY CLASS C SUBMIT DOCUMENTATION IDENTIFYING THE NUMBER OF FULL-TIME AND PART-TIME EMPLOYEES (E.G., DE3).
<input type="checkbox"/>	CO-PAYEE AGREEMENT IF APPLICABLE, SUBMIT A COPY OF THE FINANCIAL AGREEMENT BETWEEN THE CLAIMANT AND ANY DESIGNATED CO-PAYEE.
<input type="checkbox"/>	CERTIFICATION OF FINANCIAL RESPONSIBILITY IF THE CLAIMANT IS SUBJECT TO THE FINANCIAL RESPONSIBILITY REQUIREMENTS, A COPY OF THE CERTIFICATION OF FINANCIAL RESPONSIBILITY THAT IS ON FILE WITH THE LOCAL REGULATORY AGENCY MUST BE SUBMITTED.
<input type="checkbox"/>	NON-RECOVERY/DISCLOSURE CERTIFICATION A COMPLETED AND SIGNED "NON-RECOVERY FROM OTHER SOURCES DISCLOSURE CERTIFICATION" FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH THE CLAIMANT'S APPLICATION. THE FUND WILL USE THE FORM TO ENSURE THAT THE CLAIMANT HAS NOT AND WILL NOT RECEIVE DOUBLE PAYMENT.
<input type="checkbox"/>	POWER OF ATTORNEY IF APPLICABLE, SUBMIT A COMPLETED, SIGNED AND NOTORIZED "POWER OF ATTORNEY" FORM NAMING A REPRESENTATIVE TO SIGN AND FILE ANY DOCUMENTS RELATED TO THE APPLICATION ON THE CLAIMANT'S BEHALF.

AUTHORIZED REPRESENTATIVE DESIGNATION FORM REPLACEMENT

In the past the Cleanup Fund allowed claimants to designate a representative to sign certain Fund documents. However, there is a concern that this procedure is not consistent with section 25299.55 of the Health and Safety Code, which requires a Fund claimant to make a sworn verification of the claim and certification of costs. Therefore, the "Authorized Representative Designation Form" is no longer being used by the Fund and we will not accept any future documents signed by the representative that was designated by such form.

We encourage claimants to sign all Fund documents personally. However, there may be circumstances where a claimant wants a representative to be able to sign Fund documents on the claimant's behalf. In this situation, the claimant must submit a notarized Power of Attorney form designating a specific representative to sign and submit documents to the Fund on the claimant's behalf. The designated representative should not be a consultant or contractor performing work on the project site because it would create a conflict of interest.

Claimants should be aware that they will be personally responsible and bound by any assertions made to the Fund pursuant to a Power of Attorney. (An appropriate Power of Attorney form is available on our web site at www.swrcb.ca.gov/cwphome/ustcf or by request, however other forms may also be acceptable.)



MAILING ADDRESS:
STATE WATER RESOURCES CONTROL
DIVISION OF CLEAN WATER PROGRAMS
UST CLEANUP FUND
P.O. BOX 944212
SACRAMENTO, CA 94244-2120

PHYSICAL ADDRESS:
STATE WATER RESOURCES CONTROL
DIVISION OF CLEAN WATER PROGRAMS
UST CLEANUP FUND
1001 I STREET
SACRAMENTO, CA 95814

**POWER OF ATTORNEY
FOR A CLAIM TO
THE UNDERGROUND STORAGE TANK CLEANUP FUND**

I, _____
[Claimant's name and address. If claimant is a corporation, include the name, address, and title of officer who is acting.]

appoint _____
[Name and address of the person appointed, or of each person appointed if you wish to appoint more than one.]

as my agent (attorney-in-fact) to act for me in any lawful way by signing, submitting, or receiving all documents necessary to file my claim number _____ to the Underground Storage Tank Cleanup Fund for reimbursement of costs related to the petroleum release at

[Site address]

This power of attorney is effective immediately and will continue until it is revoked, unless I direct otherwise on the line below.

If I have designated more than one agent, the agents are to act _____.
(If you appointed more than one agent and you want each agent to be able to act alone without the other agent joining, write the word "separately" in the blank space above. If you do not insert any word in the blank space, or if you insert the word "jointly", then all of your agents must act or sign together.)

This power of attorney is governed by the Power of Attorney Law, California Probate Code section 4000 et seq.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this _____ day of _____, 20____.

[Claimant's signature]

[Claimant's social security number or tax identification number]

State of _____ County of _____

The claimant must attach a certificate of acknowledgement of notary public in compliance with Section 1189 of the Civil Code or other applicable law.

By accepting or acting under the appointment, the agent assumes the fiduciary and other legal responsibilities of an agent.

[Signature of attorney-in-fact]

[Phone number]

PERMIT WAIVER REQUEST FORM

IV

State Water Resources Control Board
Underground Storage Tank Cleanup Fund

PERMIT WAIVER REQUEST FORM

CLAIM NO.:

CLAIMANT NAME:

SITE ADDRESS:

CITY

STATE

ZIP CODE

Claimants who were subject to the permit requirement but failed to comply by January 1, 1990, can request the State Water Resources Control Board (SWRCB) to waive the requirement as a condition for eligibility if the four requirements listed below have been met. Where the SWRCB grants the waiver, the level of required deductible is twice the amount otherwise required. In this case, the above-named claimant will be responsible for the first \$ _____ of eligible corrective action costs before Fund coverage begins.

I, _____, HEREBY REQUEST THE SWRCB TO GRANT A PERMIT WAIVER. TO QUALIFY FOR THIS WAIVER, I AM SUBMITTING DOCUMENTATION SHOWING THAT THE FOLLOWING FOUR PERMIT WAIVER REQUIREMENTS HAVE BEEN MET:

1. The claimant was unaware of the permit requirement prior to January 1, 1990, and did not intend to avoid the permit requirement or the associated fees.

DOCUMENTATION: Provide a brief history of the UST(s) and an explanation as to why the UST(s) were not permitted by January 1, 1990. Explain when and how you became aware of the law requiring a permit to own or operate the UST(s). (Attach additional sheets as necessary).

2. Prior to filing a claim, the claimant has complied with the financial responsibility requirements of Section 25299.31 of the Health and Safety Code (H&SC).

DOCUMENTATION: Attach a copy of the Certificate of Financial Responsibility that is on file with the local regulatory agency.

3. The claimant has obtained and paid for all currently required permits

DOCUMENTATION: If you owned or operated the UST(s) at the time of submitting your claim application, attach a copy of the permit to own or operate the UST(s) or a copy of an application to a local agency for a permit indicating that you are diligently pursuing the acquisition of a permit. If the UST(s) were removed prior to submitting your claim application, attach evidence that the UST(s) were removed, and the local regulatory agency notified, and a copy of the removal permit.

4. The claimant has paid all current UST fees imposed by Section 25299.41 of the H&SC, and all prior fees due on and after January 1, 1991.

DOCUMENTATION: If any of the USTs owned or operated had product placed in them on or after January 1, 1991, attach the most recent copy of the UST Fee Return Form filed with the State Board of Equalization with proof of payment.

CLAIMANT SIGNATURE: _____

PRINTED SIGNATURE: _____ DATE: _____